

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5005.✓

CERTIFICATE OF DEATH

REGISTRAR'S NO.

153-

02-98 PLACE OF DEATH AND 02-06 USUAL RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Cochise		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Douglas (Rural)	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 100 days 30 yrs.	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL OR TOWN) Don Luis (Rural)	
DECEDENT PERSONAL DATA 166 4 050	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Cochise County Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) P.O. Box 499 - Bisbee	
	3. NAME OF DECEASED A. (FIRST) Charles B. (MIDDLE) William C. (LAST) Kirkland		4. SEX Male	5. COLOR OR RACE White
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Aug. DAY 10 YEAR 1884	8. AGE YEARS 66 MONTHS 2 DAYS 20
	9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? U.S.A.
4221 CAUSE OF DEATH (ITEM 18)	14A. FATHER'S NAME William Kirkland		15A. MOTHER'S MAIDEN NAME Elizabeth Carrol	
	16. INFORMANT'S SIGNATURE Wm J. Kirkland		17. DATE OF DEATH (MONTH) (DAY) (YEAR) October. 30, 1950	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) CARDIO-VASCULAR DISEASE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
OPERATIONS, AUTOPSY 2	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM JULY 19, 1950 TO OCT 30, 1950 . THAT I LAST SAW THE DECEASED ALIVE ON OCT 29, 1950 . AND THAT DEATH OCCURRED AT 8:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23. ADDRESS Douglas, Arizona	
MEDICAL CORONER'S CERTIFICATION	24. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 10-30-1950	
	25A. DATE REC'D BY LOCAL REG. Oct 4-50		25B. REGISTRAR'S SIGNATURE Carl Adamson	
FUNERAL DIRECTOR AND REGISTRAR	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bisbee, Arizona	
	25C. FUNERAL DIRECTOR'S SIGNATURE Hugh Coomes		25D. ADDRESS Hubbard Mortuary, Bisbee, Arizona	
26. FUNERAL DIRECTOR'S SIGNATURE Hugh Coomes		27. EMBALMER'S SIGNATURE Hugh Coomes		
28. CERT. NO. 284A				